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Number of cases of influenza and pneumonia (all forms) reported during the 10 days ended Jan. 27, 1920, in New York, Detroit, Chicago, and Washington.

[The figures are based in most instances on unofficial press reports.]

City.	Disease.	January, 1920.									
		18	19	20	21	22	23	24	25	26	27
New York	Influenza	90		740	462	671	1,332	2,361	2,855	1,712	3,663
	Pneumonia	116		129	230	190	406	364	386	238	
Detroit	Influenza		21	60	199	485	728	976			
	Pneumonia		9	3	20	28	44	53			
Chicago [1]	Influenza	752	672	2,514	2,008	2,086	2,230	1,808	1,750		1,378
	Pneumonia			297	181	251	321	307	327		
Washington	Influenza		86	172	226	230	226		183	271	323

[1] 2,055 cases of influenza and 646 cases of pnuemonia were reported during the preceding 7 days.

WATER-BORNE TYPHOID AND SPRING FRESHETS.

In no other common communicable disease prevalent in this country have sanitarians so frequently achieved such effective control as in the case of typhoid fever. When one considers what an enormous reduction in the prevalence of typhoid fever has been accomplished, especially by many of the cities in this country, he can not but marvel at the public indifference and neglect with which other communities still tolerate potentially dangerous water supplies, insanitary disposal of excreta, and other common sources of typhoid infection.

So far as water-borne typhoid infection is concerned, now is the time for health officers to be especially alert. Many of the well-known extensive water-borne epidemics of typhoid fever have occurred during the winter and early spring, being associated in the majority of instances with extensive rains and freshets which washed infected material into the water supply. "Thus," to quote Rosenau, "we have the water-borne epidemic in Plymouth, Pa., in 1885, which began with the spring thaw and was doubtless caused by the frozen accumulation of typhoid excrement from a single case. Very similar to the Plymouth outbreak was that at New Haven, Conn., in 1901. Several similar epidemics occurred in the winter time in Chicago, one in January, 1890, another in January, 1896, and one in March, 1891. Another striking instance is the epidemic in Newark, N. J., in February, 1899, and one in December, 1891." In New York City an extensive outbreak of water-borne typhoid fever occurred in February and March, 1907. Such examples could be multiplied from European and other sources.

The lesson to be derived from these outbreaks is plain. Potentially dangerous sources of water supply should be made safe, and health authorities should insist that communities provide for safe disposal of human excreta. Practically all surface water supplies used in an unfiltered condition and not disinfected, should be regarded

as potentially dangerous. Even when they are filtered or disinfected however, careful attention is required to make sure that the process is effective. An instructive lesson on this phase of the problem was afforded by the outbreak of typhoid fever in Herkimer, N. Y., reported in the Public Health Reports last year.

Mr. Health Officer:

Has your community a safe water supply? How do you know that it is safe? Have you *recently* made a sanitary survey of the sources of the supply to make sure that it is not potentially dangerous? Do you have bacteriological tests made frequently and regularly? Do you permit a large proportion of your citizens to use water from wells which may be polluted? Is your town adequately sewered or are there still many homes with cesspools and insanitary privies? If your town is small and not provided with waterworks, it is possible that insanitary privies and unsafe methods of disposal of human excreta are polluting your wells.

Now is the time to take steps to prevent the threatened outbreak of water-borne typhoid fever:

CONJUGAL TUBERCULOSIS.

One of the earliest infectious diseases to have its bacterial cause definitely established, and easily the disease concerning which the greatest amount of scientific research, laboratory, epidemiological, clinical, and sociological, has been undertaken, tuberculosis still remains one of the chief problems confronting health authorities. Moreover, in order to secure control of this disease, it is quite imperative that correct answers be supplied to a number of important questions. Of these, perhaps the most important relates to the question of infectivity, for at the present time it is generally recognized that mere presence of the tubercle bacillus is not synonymous with infection. In this connection students of tuberculosis have repeatedly called attention to the relative infrequency of conjugal infection in tuberculosis. In the case of tuberculosis, numerous investigators have noted that phthisis in both husband and wife is very rare, despite the fact that they probably come into more intimate contact than even father and child.

Following an excellent summary of conjugal tuberculosis, Fishberg in the latest edition of his work "Pulmonary Tuberculosis" comes to the following conclusions:

"We have dwelt on these facts because they are very important points in phthisiogenesis: (1) Tuberculous infection can only occur once; and (2) that phthisis evolves only in persons who are for one reason or another predisposed to the disease. Inasmuch as the